

50
28-7

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/583706

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1	7				
9		7				
10		7				
11		7				
12		7				
13		7				
14		7				
15		7				
16		7				
17		7				
18		7				
19		7				
20		7				
21		7				
22		7				
23		7				
24		7				
25		7				
26		7				
27		7				
28		7				
29		7				
30		7				
31		7				
32		7				
33		7				
34		7				
35		7				
36	1	7				
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		██████████		██████████		██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1	1				
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	1					
62	1					
63	1					
64	1					
65	1					
66	1					
67	1					
68	1					
69	1					
70	1					
71	1					
72	1					
73	1					
74	1					
75	1					
76	1					
77	1					
78	1					
79	1					
80	1					
81	1					
82	1					
83	1					
84						
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	246	←	←	←	←	←
TOTAL CLAIMS	251	██████████		██████████		██████████